

Which block for which incision

Quick selector for the anaesthetic room.

Incision / procedure	First choice	Alternative	Covers	Watch for
Midline laparotomy	Rectus sheath block (bilateral)	Bilateral TAP; thoracic epidural	Somatic midline pain, T6–T12	Does not cover visceral pain — combine with systemic agents
Subcostal / open cholecystectomy	Subcostal TAP block	Erector spinae plane block	T6–T10 anterior abdominal wall	Volume needed; watch total LA dose
Caesarean section (Pfannenstiel)	Intrathecal morphine	Bilateral TAP block	Somatic and some visceral	Delayed respiratory depression with ITM — monitor per protocol
Lower midline / gynaecological	Bilateral TAP block	Rectus sheath; spinal	T10–L1	Add systemic analgesia for visceral component
Thoracotomy	Thoracic paravertebral block	Erector spinae plane; thoracic epidural	Unilateral T2–T10	Pneumothorax risk with PVB; check coagulation
Inguinal hernia repair	Ilioinguinal / iliohypogastric block	TAP; local infiltration	L1 distribution	Femoral nerve spread causing quadriceps weakness — delays mobilisation
Hip / femur	Fascia iliaca block	Femoral nerve block; PENG	Femoral, obturator, lateral cutaneous	Motor block limits early mobilisation — keep it light
Colorectal resection (open)	Thoracic epidural	Bilateral TAP; IV lidocaine infusion	T7–T12	Hypotension and urinary retention; 2025 accepts alternatives to epidural
Colorectal resection (laparoscopic)	TAP block + port-site infiltration	Intrathecal morphine	Abdominal wall	Epidural is usually unnecessary in MIS

Non-proceduralists — why this matters to you

Knowing which block your patient has tells you what their pain should look like and when it will wear off. A patient with a TAP block placed at 10:00 will usually need the next analgesic step by the evening. Anticipate it and have the next step already written, rather than responding after the patient is in pain.

Safety. Calculate the maximum local anaesthetic dose by weight before you start, and state it aloud. Know where the lipid emulsion is kept and how to give it. Document the block, the drug, the concentration, the volume and the expected duration in the notes — not just 'block performed'.